STATE OF HAWAII

NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

To:

Chief Procurement Officer

From:

Department of Health/Developmental Disabilities Division (DOH/DDD)

Department/Division/Branch or Office

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

Title and description of health and human service(s):

Title: Developmental Disabilities Domiciliary Home (DD Dom Home) General Subsidy as appropriated

by the Hawaii State Legislature in 2005.

Description: Annual required resubmission of Notice of and Request for Exemption from Chapter 103F, Hawaii Revised Statute (HRS). In 2005, Act 168 amended Chapter 321-15.9 HRS to allow the Department of Health "to enter into contracts for additional payments to providers of developmental disabilities domiciliary homes." The legislature has appropriated approximately \$1.9 million annually to the Department of Health for Developmental Disabilities and Intellectual Disabilities (DD/ID) residential subsidies (e.g., apartment complexes and DD Dom Homes).

There are approximately 80 individuals with DD/ID living in DD Dom Homes operated by five agencies. These individuals are unable to live independently and require 24-hour supervision. The DD Dom Homes are licensed by the Office of Health Care Assurance (OHCA) under Chapter 89, Hawaii Administrative Rules (HAR), which requires continuous 24-hour supervision for these individuals with DD/ID.

| 2. | Provider Name and Address: | | The Arc in Hawaii 3989 Diamond Head Road, Honolulu, HI 96816 |
|----|--|--------|---|
| | | | Arc of Maui County 95 Mahalani Street, Wailuku, HI 96793 |
| | | | Kona Association for Retarded Citizens dba Kona Krafts The Arc of Kona ปี ปีเรไว P.O. Box 127, Kealakekua, HI 96750 |
| | | | Opportunities and Resources, Inc. 64-1510 Kamehameha Highway, Wahiawa, HI 96786 |
| | | j. | Responsive Caregivers of Hawaii 98-1247 Kaahumanu Street, Suite 219B, Aiea, HI 96701 |
| 3. | Total Contract Funds: | | \$1,157,856 |
| | Contract Funds per Year (if applicable): | | |
| 4. | Reference number of Previous Request for this Service (if applicable): | 3 | PEH 14-24 |
| 5. | Term of Contract: | Start: | 7/1/15 |
| | | End: | 6/30/16 |

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6. Describe how procurement by competitive means is either not practicable or not advantageous to the State: Under Title 42, Chapter IV, Section 431.51, the Code of Federal Regulations (CFR) requires that recipients of Medicaid services have "...free choice of providers...from any qualified Medicaid provider that undertakes to provide services to them...". The services in agency operated DD Dom Homes are funded by Medicaid Waiver services and individuals must be provided a choice to live in any of the homes that meet state licensure requirements. As a result, the DOH/DDD must contract with all licensed DD Dom Home agencies to insure that the freedom of choice provision is met. Therefore, it is not feasible to competitively procure this service and contract with only one agency.

In addition to conflicting with the "Free choice of providers" provision in the CFR for Medicaid services, a competitive procurement process would pose a conflict for guardians of persons with developmental disabilities. Guardians of the person are court appointed and decide where a person will live. Such decisions are affected by the location of the home, confidence in caregiver ability, other clients in the home, first impressions etc. A competitive procurement process, that restricts choice to fewer than the five DD Dom Homes designated by the legislature to receive this subsidy, would compromise the duties of the legal guardian.

- 7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:
 - All five licensed DD Dom Home agencies are eligible for an additional payment and the DOH/DDD will notify all agencies of the availability of the subsidy. The DOH/DDD case manager will monitor the needs of the individuals and the provision of Medicaid Waiver services provided in the DD Dom homes and the OHCA of the DOH will assure certification and licensure requirements of the homes are maintained.
- Describe the state agency's internal controls and approval requirements for the exempted procurement:
 DOH/DDD Community Resources Branch Chief Oversee health and safety of individuals residing in
 DD Dom Homes.
 - OCHA Oversee compliance with licensure requirements by DD Dom Home agencies.
- 9. List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Vanessa Lau, PHAO, Developmental Disabilities Division

10. Direct questions to (name & position):

Vanessa Lau, PHAO, DDD

Phone number:

808-587-6043

e-mail address:

vanessa.y.lau@doh.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

Department Head Signature

Virginia Pressler, M.D.

Director of Health

Typed Name

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NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to:

Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

| Chief Procurement Officer's Comments: | | | | |
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| This approval is for the procurement process only. Service providers are required to be compliant with applicable laws and provide proof of compliance, if applicable. This award is required to be posted on the Awards Reporting System. | | | | |
| If there are any questions, please contact Corinne Higa at 587-4706, or corinne.y.higa@hawaii.gov. | | | | |
| APPROVED DISAPPROVED NO ACTION | | | | |
| Chile Officer Signature Date | | | | |

Please ensure adherence to applicable administrative requirements.